

Perceptions of ADHD and services in Ireland: First findings from the Newman Fellowship

The ADHD 'Tsunami'?

1-day conference, UCD, 14 October 2016

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Disclosure

UCD Foundation Newman ADHD Research Fellowship

Funding: Shire

Unrestricted grant (research, dissemination, etc.)

Managed by UCD Foundation



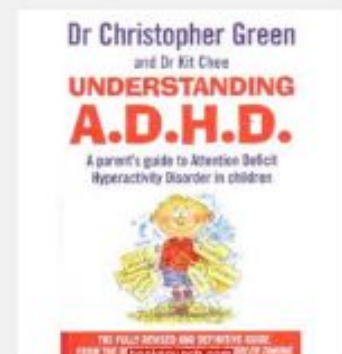
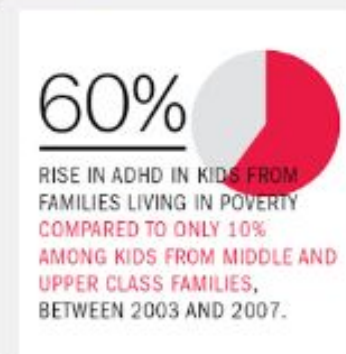
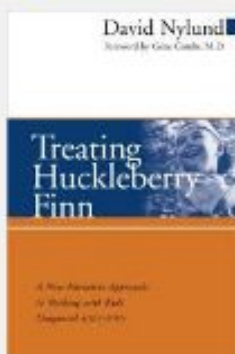
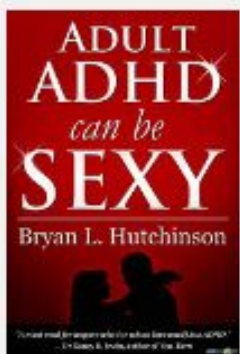
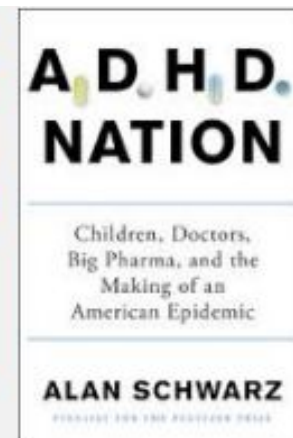
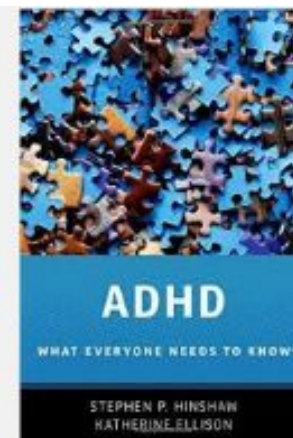
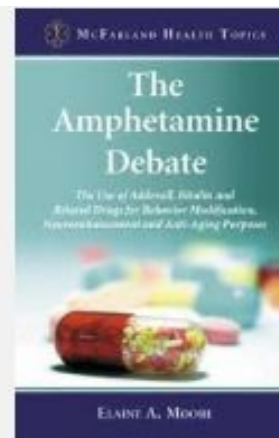
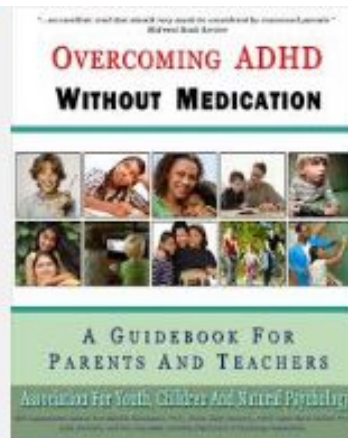
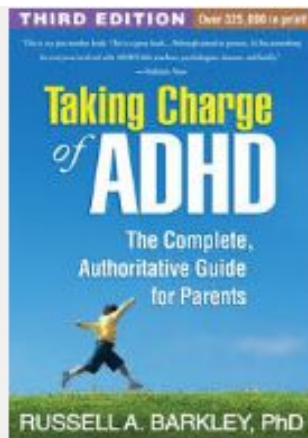
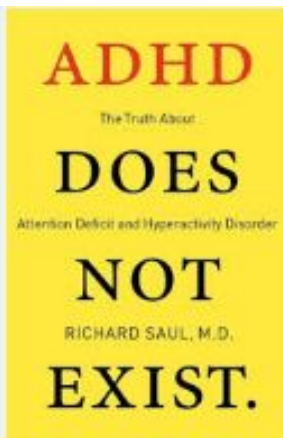
A 'Tsunami'?

ADHD prevalence v presentation

- CAMHS 33% of primary presentations (HSE, 2013)
- Prevalence internationally up to 26% (Singh & Wessely, 2015)
- UK, Netherlands 1 in 3 diagnosed (Sayal et al., 2006; Tremmery et al., 2007)
- Substantial within-country variation (Cuffe et al., 2005; Hinshaw et al., 2011; Hinshaw & Sheffler, 2014)
- *Growing Up in Ireland* (n=8568): 1.2% diagnosed (2009)

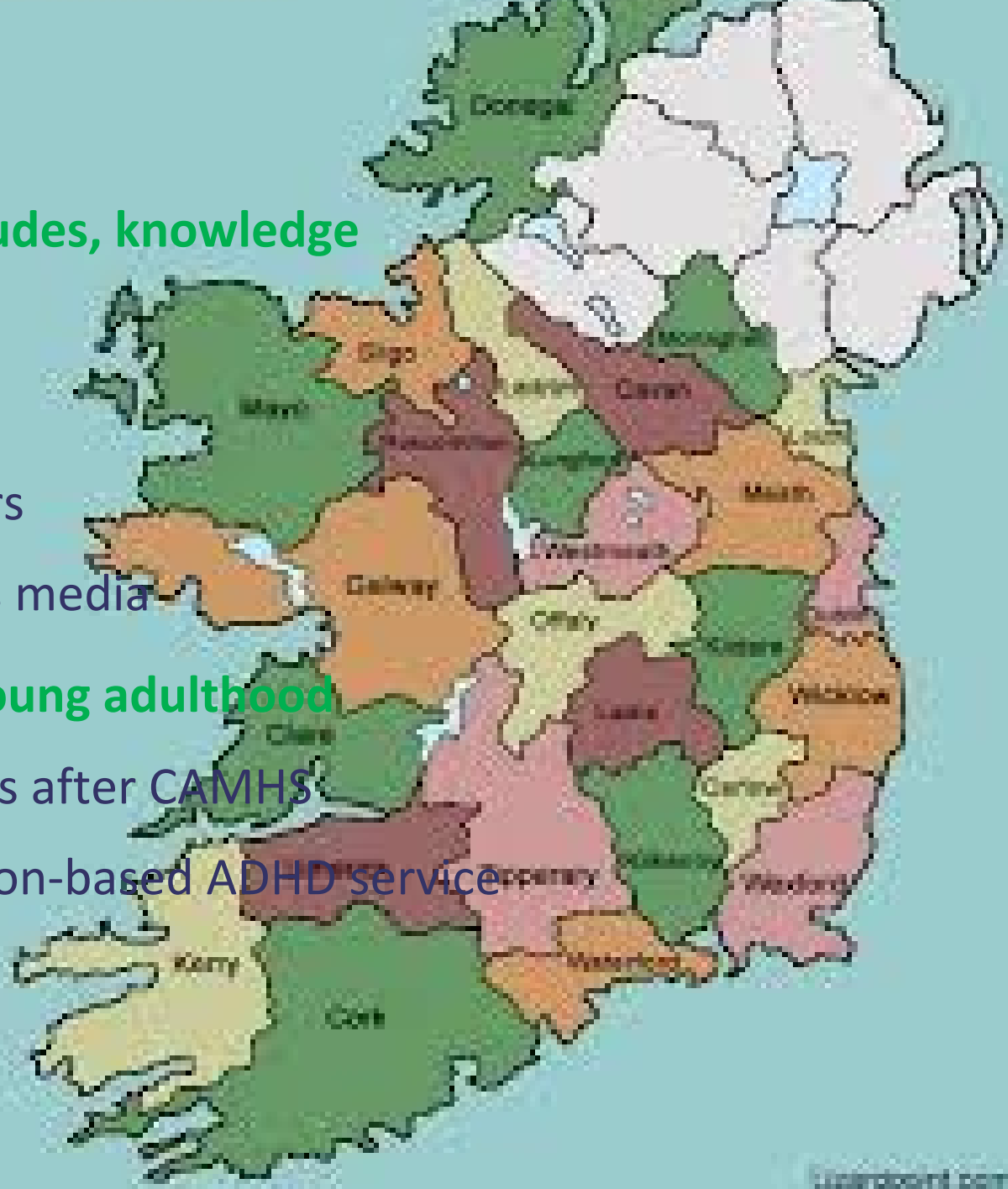


Ongoing debate



6 studies:

- **ADHD-related attitudes, knowledge**
 - GPs
 - Teachers
 - Probation officers
 - In Ireland's news media
- **ADHD services in young adulthood**
 - Service outcomes after CAMHS
 - A higher education-based ADHD service



1. GPs national survey

n=140 (26% response), 60% m
3-55 years post-training; 60% 4
Urban 33% rural 24% mixed 43
HSE Regions: 25% Dublin ML;
11% Dublin NE; 29% South; 26

2. Teachers national survey

n=564 (Principals' response rate
(173 PT, 159 ST, 117 PP, 115 S
78% female
21% DEIS schools, 5% private

3. Probation Officers Inter

N=25 on 3 regional teams (11
Adult, mixed, community, home
assessment, prisons, child protection
care homes, social work



4. ADHD in news media

All RoI news media in Lex
2008-9, 2014-5

518 articles referencing 'ADHD'
'attention-deficit hyperactivity disorder'

5. iTRACK case note

Study of CAMHS-AMHS treatment
n=20 with ADHD of n=63

6. University ADHD clinic

All 8 professionals involved
3 psychiatrists, 3 OTs, 2 IEPs



ADHD attitudes in primary care, education and probation services in Ireland



GPs & teachers: ADHD training & knowledge

Have you had ADHD
training?

Do you feel you can
stay up to date
regarding ADHD?

- **Training received:**
 - 4% GPs
 - 24% teachers (17% of mainstream teachers)
- **Stay up to date?**
 - 34% GPs
 - 56% teachers



How many children in your class/ school with diagnosed ADHD?

N=564 teachers & principals

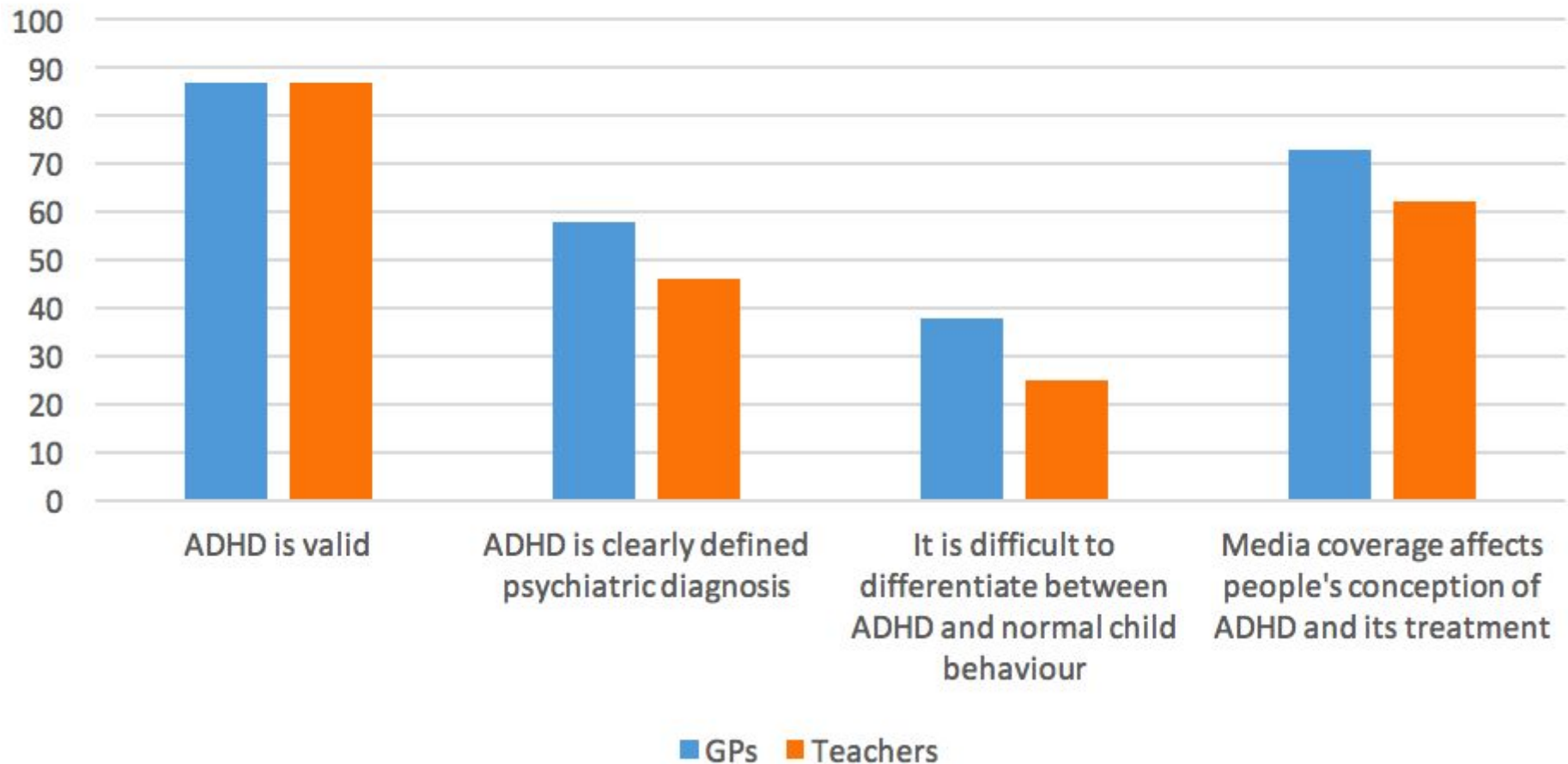
	Teachers			Principals	
	Primary	Secondary		Primary	Secondary
Teachers: Mean N children taught	23.7 (SD =10.37)	149.7 (SD =84.81)		-----	-----
Principals: Mean N children in the school	-----	-----		210.8 (SD = 151.39)	477.6 (SD =243.51)
<i>[5% of mean N children above]</i>	<i>[1.19]</i>	<i>[7.49]</i>		<i>[10.5]</i>	<i>[23.9]</i>
Mean N children with confirmed ADHD diagnosis	0.61 (SD=0.868)	3.42 (SD=3.56)		1.97 (SD=2.05)	6.35 (SD=6.61)
Mean N children who take ADHD medication	0.45	1.8		0.88	3.0
Mean N children with suspected ADHD	1.27	4.1		2.7	4.8



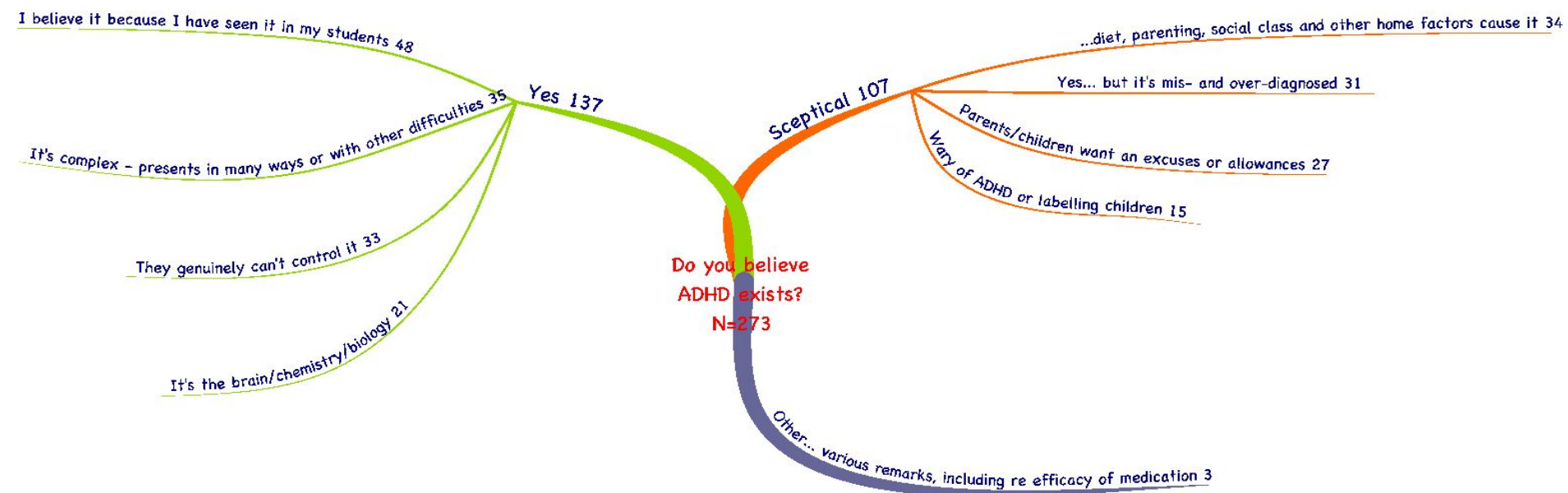
GPs: Patchy answering

Is ADHD valid?

ADHD Attitudes: GPs & teachers



Do you believe ADHD exists?



Symptom awareness among teachers, GPs

89%+

GPs and teachers who identified distractibility, over activity and impulsivity as ADHD symptoms

Other symptoms were less often recognised

- making careless mistakes, often losing items, risk-taking

**48%-
72%**

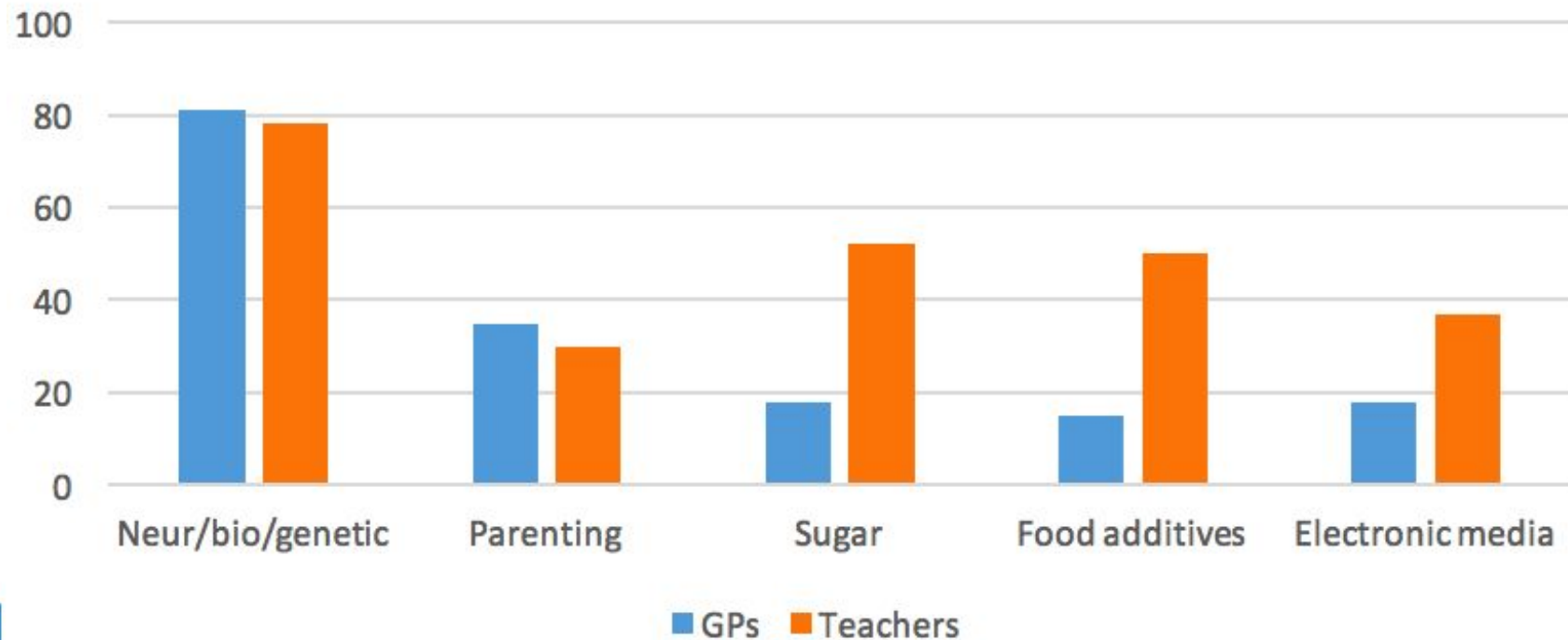
... and GPs (34-43%) and teachers (40-52%) identified these symptoms as ADHD:

**34%-
52%**

- serious rule violations, defiance, aggression, anxiety, inflexible adherence to routines and rituals

What are the causes of ADHD behaviours?

Causes of ADHD: GPs and teachers



Small groups of GPs & teachers held some negative attitudes about ADHD...

- GPs

- 35% ADHD caused by poor parenting
- 22% ADHD is a new, 'fashionable' disorder
- BUT 11% Parents seek diagnosis for Domiciliary Care Allowance

- Teachers

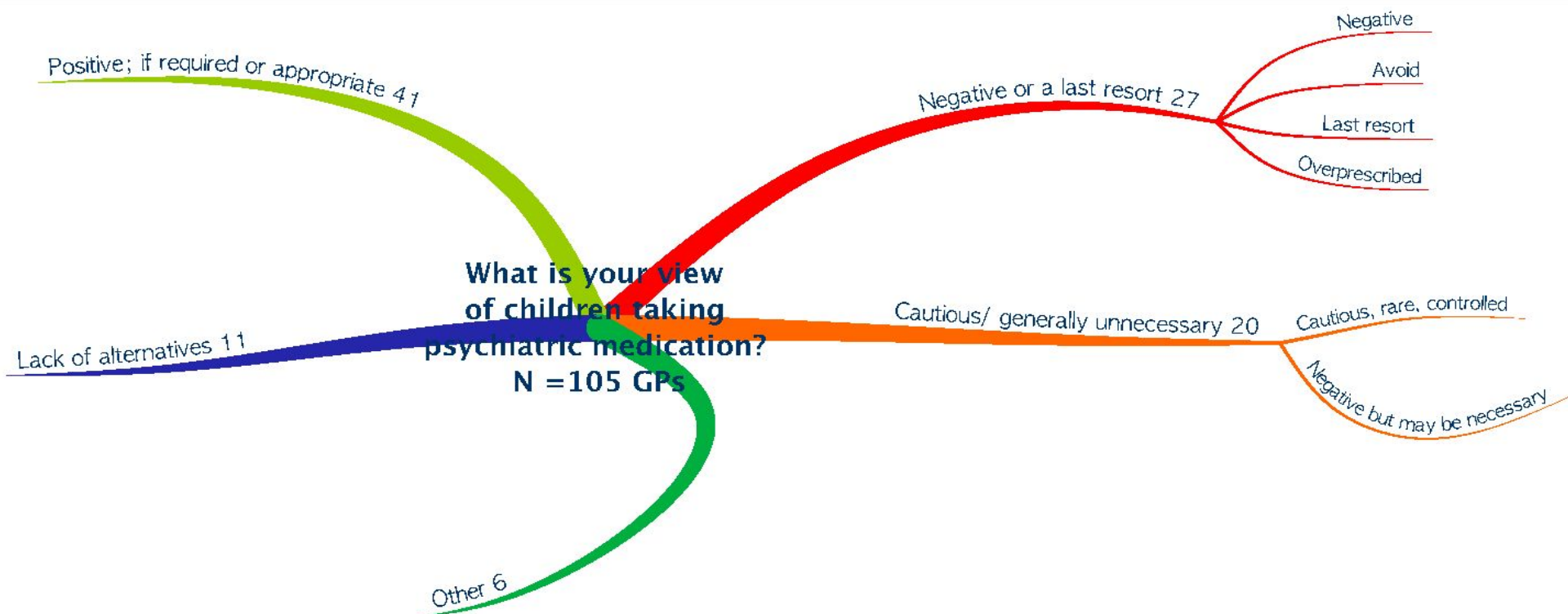
- 30% An ADHD diagnosis is stigmatising for a child
- 30% ADHD is caused by poor parenting
- 26% Parents seek ADHD diagnosis as an excuse for their child's bad behaviour



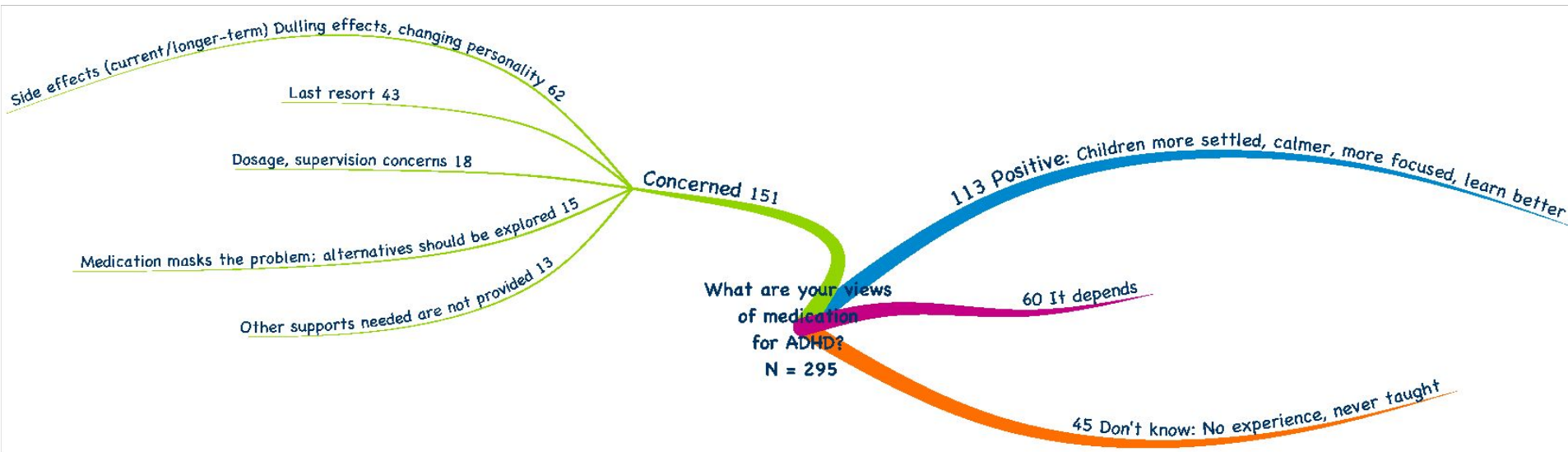
NOTE THAT

- 42% GPs, 30% teachers: An ADHD diagnosis is stigmatising for a child

Attitudes to psychotropic medication: GPs



Attitudes to medication: Teachers



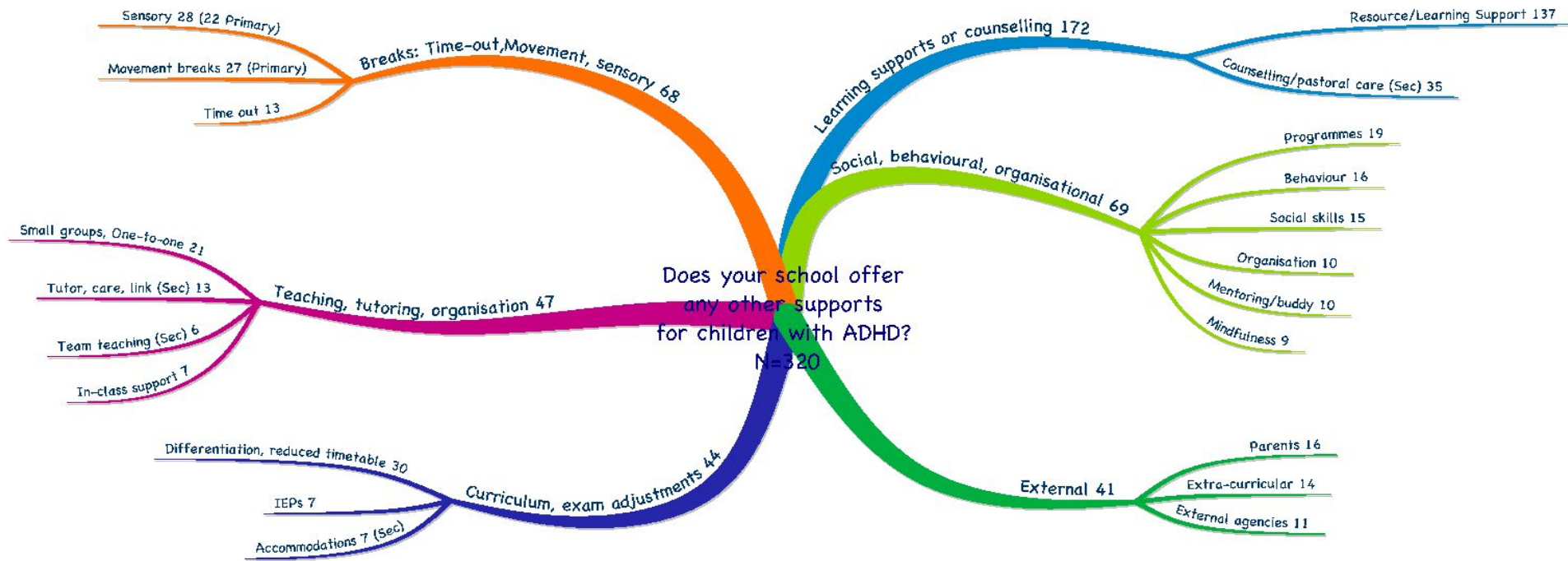
Schools supports for ADHD

Does your school offer any other (non-SNA) supports for children with ADHD?

Yes 60%

Do you receive adequate supports for teaching students with ADHD?

No 73%

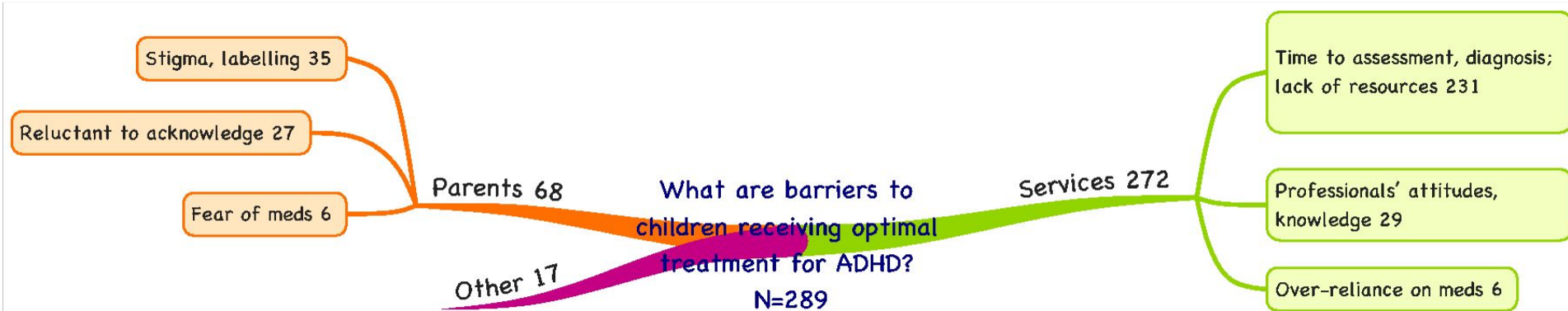


Treatment barriers: Teachers

In your view, are there barriers preventing children with suspected ADHD receiving optimal treatment?

Yes: 59%

(n=312)



Treatment barriers: GPs

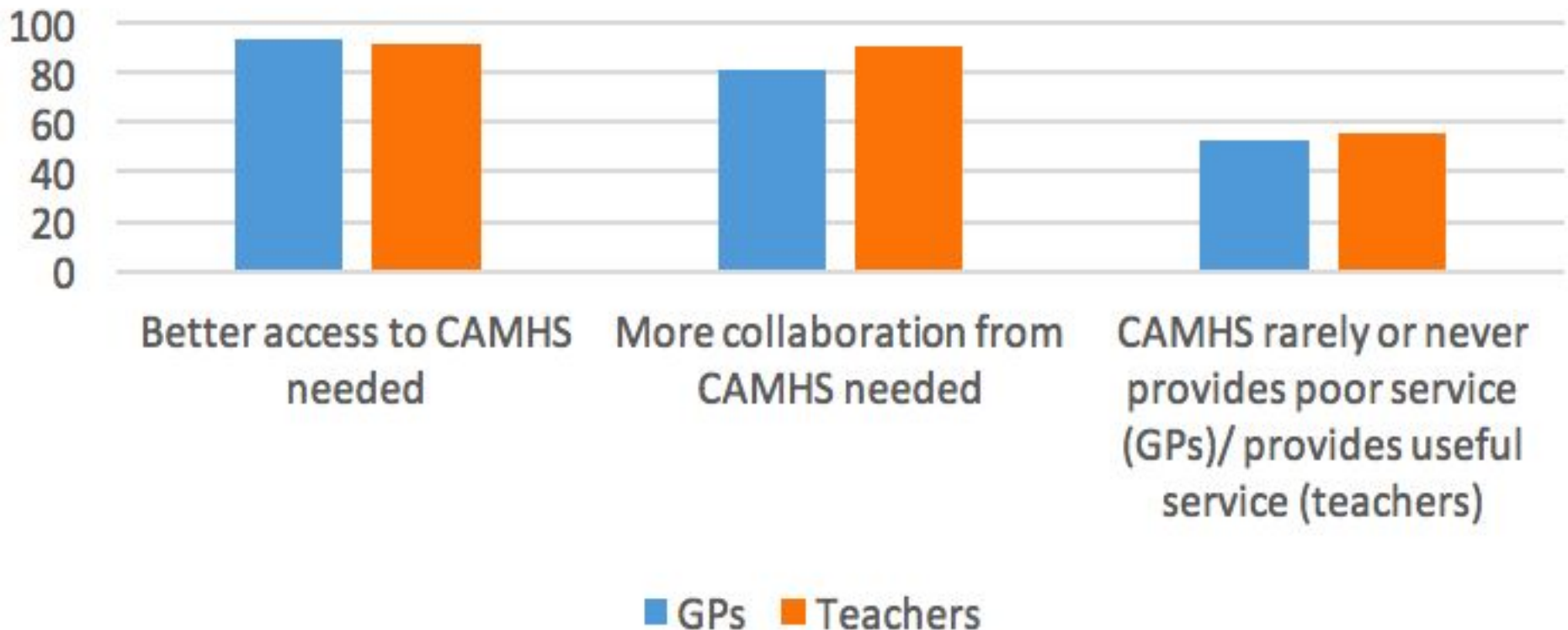
How often do these factors impede a child's ADHD treatment?

	Always/usually	
<i>CAMHS service issues</i>		
Difficulty accessing CAMHS	87	63%
CAMHS poor quality	22	16%
<i>Attitudes of families and teachers</i>		
Child/teen negative views of ADHD/treatment	18	14%
Parent/carer negative views of ADHD/treatment	13	10%
School/teacher negative views of ADHD/treatment	11	8%



What would improve ADHD care for children in Ireland?

CAMHS service: GPs and teachers



What would improve ADHD care for children in Ireland?

GPs

Parenting supports
95%
Child supports 89%

GP training 71%

Teachers

Parenting supports 99%
Child supports 97%
NEPS access 95%

In-service training 95%
SNA training 89%
Adjusted teaching 83%
More SNAs 80%



Perspectives from Probation on ADHD 1

The diagnosis

Real

Problematic

Unclear

Frequency

2-95% of caseload

Over diagnosed

Causes

Environment is paramount

Varying family resources



Perspectives from Probation on ADHD 2

Treatment

Some positive views of medication

Psychosocial supports preferred

Mitigation

Doesn't play much of a role

Depends on judge & diagnostic fashion

Services & training

Services are failing

Almost no training

Multidisciplinary, holistic approaches needed



ADHD in media



- Systematic review of ADHD representations in media
 - 15 papers identified (of 275 in PsycINFO, JSTOR, EBSCO, ASSIA, Google Scholar)
 - Representations since 1985: newspapers, magazines, television & film in UK, US, Australia, France
- Explored small ns of entire articles/programmes about ADHD
 - Biological/psychosocial discourses
 - Medication
 - Positive/negative aspects of ADHD incl. danger

ADHD in news media in Ireland

2008-9 n=218; 2014-5 n=295 (+35%)

Theme		2008- 2009 n= 206	2014- 2015 n=269	Sub-themes
ADHD and crime n=101	↓	71	30	Court reports of criminal offenses 101 (76 violent crimes)
Medication, other treatments n=96	↑	14	47	Medication 61 (of which 54 were negative)
		17	18	Non-medication treatments 35 <i>Diet, music, tech and others</i>
Services n=79	-	16	13	School-based supports 29 with a focus on accommodations
		14	13	Services and supports are lacking 27
		6	5	Mental health services 11 <i>CAMHS and Long-Term Illness Scheme</i>
		8	4	Other services and supports 12
ADHD controversy n=56	↑	3	34	ADHD is controversial 37 <i>Most were anti-diagnosis</i>
		9	10	... and ADHD is difficult to diagnose 19
Individual ADHD experiences: success, challenge, vulnerability n=52	↑	18	34	ADHD as vulnerability; Celebrity challenge and success; Personal stories of mothers, teachers, people with ADHD
Causes and risk factors n=47	↑	11	24	Risk factors for ADHD 35 <i>In pregnancy; early trauma; diet; tech use</i>
		5	7	Causes of ADHD 12 <i>Most biological</i>
"ADHD"- as an adjective n=23	↑	3	20	"ADHD" used as an adjective to describe behaviours, society
Explanations and advice n=21	-	6	7	Parenting advice 13
		5	3	Explaining ADHD 8 <i>Explanation of cause, behaviours and treatments</i>

N articles coded = 475.



ADHD services in the transition to young adulthood in Ireland



CAMHS-AMHS transitions in Ireland: iTRACK

Irish Journal of Psychological Medicine (2015), 32, 61–69. © College of Psychiatrists of Ireland 2015
doi:10.1017/ipm.2015.2

ORIGINAL RESEARCH

Who is in the transition gap? Transition from CAMHS to AMHS in the Republic of Ireland

F. McNicholas^{1,2,3,*}, M. Adamson¹, N. McNamara⁴, B. Gavin², M. Paul⁵, T. Ford⁶, S. Barry⁷, B. Dooley¹, I. Coyne⁸, W. Cullen⁹ and S. P. Singh⁴

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⁵ University of Warwick, Warwick, UK

⁶ University of Exeter Medical School, Exeter, UK

⁷ Cluain Mhuire Adult Mental Health Service, Dublin, Ireland

⁸ Trinity College Dublin, Dublin, Ireland

⁹ Department of General Practice, University of Limerick, Ireland

Objective. The iTRACK study explored the process and predictors of transition from Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) in the

EARLY INTERVENTION IN THE REAL WORLD

Transitioning from child and adolescent mental health services with attention-deficit hyperactivity disorder in Ireland: Case note review

Mimi Tatlow-Golden¹ | Blanaid Gavin¹ | Niamh McNamara² | Swaran Singh³ |
Tamsin Ford⁴ | Moli Paul³ | Walter Cullen¹ | Fiona McNicholas^{1,5,6}

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In a context of international concern about early adult mental health service provision, this study identifies characteristics and service outcomes of young people with attention-deficit hyperactivity disorder (ADHD) reaching the child and adolescent mental health service (CAMHS) transition boundary (TB) in Ireland. The iTRACK study invited all 60 CAMHS teams in Ireland to participate; 8 teams retrospectively identified clinical case files for 62 eligible young people reaching the CAMHS TB in all 4 Health Service Executive Regions. A secondary case note analysis identified characteristics, co-morbidities, referral and service outcomes for



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iTRACK with ADHD

CAMHS-AMHS transitions in Ireland

At Transition Boundary (N = 20)

- n = 1 **Referred** by CAMHS to private AMHS
- n = 7 **Discharged** to GP (1 then referred to AMHS by GP)
- n = 3 **Disengaged**, prior to or at transition boundary
- n = 1 **Unclear**, not referred
- n = 8 *Retained by CAMHS*

Retained by CAMHS (n = 8) for 12-111 weeks (M 57 w)

- n = 1 **Referred** by CAMHS to private AMHS (after 111 weeks)
- n = 1 **Still in CAMHS** 'pending referral' (after 72 weeks)
- n = 1 **Discharged to GP** (n weeks n/a)
- n = 5 **Disengaged** after CAMHS retention (12-69 weeks, M = 43 weeks)

iTRACK with ADHD

CAMHS-AMHS transitions in Ireland

Refused referral, disengaged

- 35% (7/20) refused referral – sig > other diagnoses in iTRACK
- 40% (8/20) disengaged
- N = 3: YP/family requested GP monitoring
 - ❖ Recommended by NICE, but do GPs have capacity?
- AMHS Stigma? - Dislike of dependence? - End of Long Term Illness medication payments (16y)? - Clinicians communicating negative views of AMHS?



Young adulthood: Additional challenges with ADHD

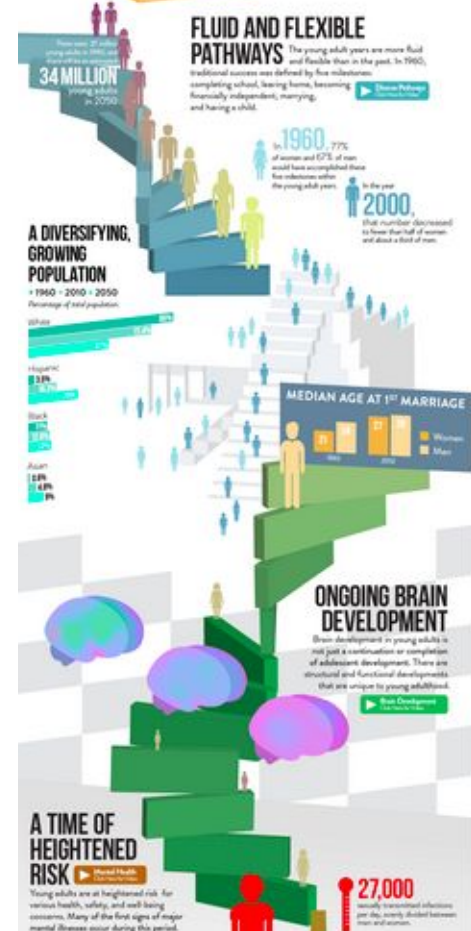
ADHD persists
beyond
childhood 60%+



Chronic difficulties: Self-regulation,
self-management
Alcohol, substance use; driving incidents
Co-morbidities & low self-esteem
Underachievement (education, work)
Youth-specific ADHD needs; little research



?
Optimal services,
solutions



An ADHD clinic in a university

- Student need
 - From CAMHS; Unrecognised; International students
- Sceptical, uncertain, accepting
 - Different views among professionals
- Barriers and facilitators
 - Unilink; University support; Protected ADHD clinic
- A service on-site
 - Facilitates engagement & professionals' understanding
- An opportunity
 - “*now* is when they really need it ... at this transitional point where they have to take everything on and there is nothing there for them. I would passionately believe that now is when the services should be targeted” [OT]



Summary:

GPs, teachers, probation officers

- GPs, teachers: Very high endorsement of 3 key symptoms & neuro/bio explanations
 - many 'false positive' symptoms
 - $> \frac{1}{2}$ teachers endorse dietary explanations
- Teachers aware of about $\frac{1}{2}$ as many children with ADHD diagnosis as prevalence data indicate, but suspect more
- Almost no GPs/probation officers & just 1 in 4 teachers had ADHD training
- Almost all wanted training



Summary:

ADHD in news media in Ireland

- References to ADHD increased by 35% 2008-9 – 2014-5
 - Decrease: ADHD + crime
 - Increases:
 - discussion of controversy, negative views of medication, causes/risks, 'ADHD' as adjective
 - individual stories
 - celebrities usually overcoming challenge, otherwise narratives of struggle and vulnerability
 - Few accounts of evidence



Next steps

- Cluster analyses of GPs & teachers to identify how (if) attitudes coalesce
- Analyses of teachers' attitudes to teaching children with ADHD
- Explore GPs' openness to shared care for ADHD in children and adults
- Develop training for all professional groups (including media), in consultation with those groups

